CLAIMS ONLY [0]701532	Application Number Filing Date Applicant(s)	
May be used for additional claims or amendments		
CLAIMS AS FILED AFTER FIRST AFTER SECOND		
AMENDMENT AMENDMENT		
Indep Depend	Indep Depend	
2 52	 	
3 53		
4 1 - 54 55 55 55 55 55 55 55 55 55 55 55 55		
5 55 56	 	
7 1 - 57	 	
8 58 59		
9 59 60	 	
11 61	 	
12 62		
13 63 64 64		
15 65	 	
16 66		
17 67 18 67 68		
18 68 69 69 69 69 69 69 69 69 69 69 69 69 69	 	
20 70	 	
21 71 71		
22 23 72 73		
23 74 73 74		
25 , 75	 	
26 76 77 77 77 77 77 77 77 77 77 77 77 77		
27 28 77 78	ļ	
29 79	 	
30 80		
31 32 81 82		
33 83	 	
34 84		
35 36 85 86		
36 86 87 87 87 87 87 87 87 87 87 87 87 87 87	 	
38 88	 	
39 89		
40 90 7 41 91	ļ	
42 92	<u> </u>	
43 93		
44 94		
45 46 95 96	 	
47 97	 	
48 98		
49 99 50 100 100 100 100 100 100 100 100 100		
 	 	
Indep I Indep		
Total Depend Depend	—	
Depend Total Color Total	 	